

January 30, 1984

ERRATA

TO: ALL-COUNTY WELFARE DIRECTORS

SUBJECT: In-HOME SUPPORTIVE SERVICES NOTICES OF ACTION
LETTER NO. 84-10

The January 17, 1984 Letter No. 84-10 accompanied by camera-ready new IHSS Notices of Action NA 690, NA 690A, NA 690B, and NA 690C inadvertently did not include the "Right to Request a State Hearing" information.

Attached is the "Right to Request a State Hearing" information which is to be printed on the reverse side of all IHSS Notices sent on January 17, 1984. Two copies are attached; the brief format is to be printed on the reverse side of NA 690, NA 690A, and NA 690C, and the longer format is to be printed on the reverse side of NA 690B.

Attachments

RIGHT TO REQUEST A STATE HEARING

1. You have the right to a conference with representatives of the county social services department to talk about this intended action. At such a conference, you may speak for yourself or be represented by a lawyer, a friend or other spokesperson. If you want a conference, contact your county department.
2. Whether you request a conference or not, you also have the right to request a State Hearing and decision by the Director of the State Department of Social Services (see form below). Your request may be written or oral but it must state that you want a hearing and why you are dissatisfied. **YOUR REQUEST FOR A HEARING MUST BE MADE WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.**
3. **IF YOU REQUEST A STATE HEARING ANYTIME BEFORE THE EFFECTIVE DATE OF THE COUNTY'S PROPOSED ACTION, YOUR SERVICES MAY CONTINUE UNTIL THE HEARING.** You will not be liable for repayment of services monies received pending the hearing, even if the result is a denial, provided your request is made in good faith.
4. You may request a State Hearing on your own, or you may ask your county department for assistance. In either case, however, be sure to inform your county department worker as soon as possible.
5. At a State Hearing you have the right to be represented by an attorney or any other person (a friend, relative, or other spokesman), of your choice. You may obtain free legal advice and the services of a lawyer. If free legal representation is available locally, the telephone number and/or address is listed above. You may also contact the nearest social service rights organization for assistance in presenting your claim.

6. State regulations governing State Hearings for social services are available at this office of the county social services department.
7. Information Practices - The information you are requested to provide is mandatory in order to process your request for a State Hearing pursuant to W&IC 10950. A case file will be established by the Office of the Chief Referee. You have the right to examine the materials that constitute the record for decision. Any information you provide may be shared with the county social services department or the United States Department of Health and Human Services.

*If you wish to make a **written** request for a State Hearing, please send this page to:*

Office of the Chief Referee
State Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814

*To make an **oral** request for a State Hearing or further to obtain information about your State Hearing rights or files you may contact:*

Public Inquiry and Response
State Department of Social Services
(800) 952-5253 (toll-free number)*
TDD (800) 952-8349 * For Deaf Only

* You may have to dial "1" first.

REQUEST FOR STATE HEARING

Name (Last, First, Middle Initial)	Phone No.	Social Security No.
Address	City	State
		Zip Code

I hereby request a State Hearing before the State Department of Social Services on the action taken by the County regarding my social services. The reasons for my request are as follows:

I have trouble understanding English, therefore I request an interpreter for my hearing in the following	Language	Dialect
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Signature	Date Signed
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AUTHORIZED REPRESENTATIVE

I have authorized the following person to act on my behalf in my appeal. I authorize the Department to release any or all information about my case to that person.

Name of Authorized Representative

Address of Authorized Representative

Signature of State Hearing Applicant	Date Signed
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